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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 10/604319  
 This application is a DIV of 10/065,319 09/22/2003 \*  
 (\*) Data provided by applicant is not consistent with PTO records. DD

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE DD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 8
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 22428  
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TITLE  
 Seat belt device

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